

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000049624

**Entity Name:** TRACE DESIGN, INC.

**Current Principal Place of Business:**

17490TIFFANY TRACE DRIVE  
3  
BOCA RATON, FL 33487

**FILED**  
**Mar 31, 2018**  
**Secretary of State**  
**CC1345625494**

**Current Mailing Address:**

17490 TIFFANY TRACE DRIVE  
3  
BOCA RATON, FL 33487 US

**FEI Number: 76-0825432**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOPACIUK, DAVID J  
17490 TIFFANY TRACE DRIVE  
3  
BOCA RATON, FL 33487 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LOPACIUK, DAVID J  
Address 17490 TIFFANY TRACE DRIVE  
City-State-Zip: BOCA RATON FL 33487

Title VPST  
Name LOPACIUK, DAVID  
Address 17490 TIFFANY TRACE DRIVE  
City-State-Zip: BOCA RATON FL 33487

Title D  
Name LOPACIUK, DAVID  
Address 17490 TIFFANY TRACE DRIVE  
City-State-Zip: BOCA RATON FL 33487

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID J LOPACIUK**

**PRESIDENT**

**03/31/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date